

PCT

For Receiving Office use only

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.
International Filing Date
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum)	44921-5038W1
----------------------------------------------------------------------------	--------------

Box No. I TITLE OF INVENTION MOLECULAR HEPATOTOXICOLOGY MODELING
---------------------------------------------------------------------

Box No. II APPLICANT <input type="checkbox"/> This person is also inventor
----------------------------------------------------------------------------

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GENE LOGIC, INC. 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America	Telephone No. 301.987.1700
	Facsimile No. 301.987.1805
	Teleprinter No.
	Applicant's registration No. with the Office

State (that is, country) of nationality: US	State (that is, country) of residence: US
------------------------------------------------	----------------------------------------------

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)
---------------------------------------------------------------

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MENDRICK, Donna 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America	This person is:
	<input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office

State (that is, country) of nationality: US	State (that is, country) of residence: US
------------------------------------------------	----------------------------------------------

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE
--------------------------------------------------------------------------

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:  agent  common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) TUSCAN, Michael S. Morgan, Lewis & Bockius LLP 1111 Pennsylvania Avenue, NW Washington, DC 20004 United States of America	Telephone No. 202.739.3000
	Facsimile No. 202.739.3001
	Teleprinter No.
	Agent's registration No. with the Office 43,210

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Continuation of Box No. II FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)**

*If none of the following sub-boxes is used, this sheet should not to be included in the request.*

<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>PORTER, Mark 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <hr/> <p>Applicant's registration No. with the Office</p>
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State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: US
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This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>JOHNSON, Kory 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <hr/> <p>Applicant's registration No. with the Office</p>
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State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: US
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State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: US
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<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>CASTLE, Arthur 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <hr/> <p>Applicant's registration No. with the Office</p>
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State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: US
-------------------------------------------------------	-----------------------------------------------------

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>ELASHOFF, Michael 708 Quince Orchard Road Gaithersburg, MD 20878 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
<p>Applicant's registration No. with the Office</p>	

<p>State <i>(that is, country)</i> of nationality: US</p>	<p>State <i>(that is, country)</i> of residence: US</p>
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This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
<p>Applicant's registration No. with the Office</p>	

<p>State <i>(that is, country)</i> of nationality:</p>	<p>State <i>(that is, country)</i> of residence:</p>
--------------------------------------------------------	------------------------------------------------------

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
<p>Applicant's registration No. with the Office</p>	

<p>State <i>(that is, country)</i> of nationality:</p>	<p>State <i>(that is, country)</i> of residence:</p>
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<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
<p>Applicant's registration No. with the Office</p>	

<p>State <i>(that is, country)</i> of nationality:</p>	<p>State <i>(that is, country)</i> of residence:</p>
--------------------------------------------------------	------------------------------------------------------

This person is applicant for the purposes of:  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |                                                                           |                                                                                  |                                                                    |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> GM Gambia                                    | <input checked="" type="checkbox"/> NZ New Zealand                 |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> OM Oman                        |
| <input checked="" type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> PH Philippines                 |
| <input checked="" type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                      |
| <input checked="" type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PT Portugal                    |
| <input checked="" type="checkbox"/> AU Australia                          | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> RO Romania                     |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation          |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> JP Japan                                     |                                                                    |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SD Sudan                       |
| <input checked="" type="checkbox"/> BG Bulgaria                           | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SE Sweden                      |
| <input checked="" type="checkbox"/> BR Brazil                             | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                   |
| <input checked="" type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SI Slovenia                    |
| <input checked="" type="checkbox"/> BZ Belize                             | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                    |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> TJ Tajikistan                  |
| <input checked="" type="checkbox"/> CN China                              | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TM Turkmenistan                |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TN Tunisia                     |
| <input checked="" type="checkbox"/> CR Costa Rica                         | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TR Turkey                      |
| <input checked="" type="checkbox"/> CU Cuba                               | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TT Trinidad and Tobago         |
| <input checked="" type="checkbox"/> CZ Czech Republic                     | <input checked="" type="checkbox"/> LV Latvia                                    |                                                                    |
| <input checked="" type="checkbox"/> DE Germany                            | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DK Denmark                            | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> UA Ukraine                     |
| <input checked="" type="checkbox"/> DM Dominica                           |                                                                                  | <input checked="" type="checkbox"/> UG Uganda                      |
| <input checked="" type="checkbox"/> DZ Algeria                            | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> US United States of America    |
| <input checked="" type="checkbox"/> EC Ecuador                            | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |                                                                    |
| <input checked="" type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MN Mongolia                                  | <input checked="" type="checkbox"/> UZ Uzbekistan                  |
| <input checked="" type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> VN Viet Nam                    |
| <input checked="" type="checkbox"/> FI Finland                            | <input checked="" type="checkbox"/> MX Mexico                                    | <input checked="" type="checkbox"/> YU Yugoslavia                  |
| <input checked="" type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> MZ Mozambique                                | <input checked="" type="checkbox"/> ZA South Africa                |
| <input checked="" type="checkbox"/> GD Grenada                            | <input checked="" type="checkbox"/> NO Norway                                    | <input checked="" type="checkbox"/> ZM Zambia                      |
| <input checked="" type="checkbox"/> GE Georgia                            |                                                                                  | <input checked="" type="checkbox"/> ZW Zimbabwe                    |
| <input checked="" type="checkbox"/> GH Ghana                              |                                                                                  |                                                                    |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- VC St. Vincent and the Grenadines
- any other State part of PCT
- SC Seychelles

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

## Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

Box No. IV. Agent or common Representative:  
(continued)

BIRD, Donald J.  
DOYLE, Kathryn;  
DZWONCZYK, Michael R.  
ECCLESTON, Lynn E.,  
FRANK, Michele V.  
GAYBRICK, Robert J.;  
GOLUB, Daniel H.;  
GOODWYN, R., Tyler;  
LAUB, David W.;  
LINDEMAN, Jeffrey A.;  
MEYER, Richard S.;  
SMITH, John G.;  
ZELE, John D.;  
KOKULIS, Paul N.  
BOSWELL, Mary Jane;  
LENTZ, Edward T.;  
VEITENHEIMER, III, Erich E.;  
WEIMAR, Elizabeth C.;  
AKERS, Darnita;  
ALVAREZ, Raquel M.;  
ANCHELL, Scott J.;  
BATTISTA, William G.;  
BEARDELL, Louis W.;  
BURKHOLDER, Samuel P.;  
DAVIS, Kenneth J.;  
DEMARCO, A., John;  
FOSTER, William S.;  
FOURNIER, Paul A.;  
GOODELL, Robert J.;  
HAAS, Thomas M.;  
HALLIDAY, Christopher I.;  
HAO, Victoria,  
HARDY, David;  
HOLLINGSHEAD, Robert J.;  
HOPKINS, Martha J.;  
JAMES, Richard W.;  
JESSUM, Kim R.;  
KENEALY, David J.;  
KLANN, Ellen M.;  
KOSSON, Rosanne;  
LEVINE, Gail;  
LOEWENSTEIN, K. Karen;  
LONGTON, Enrique D.;  
LOWEN, Gregory T.;  
MAURER, Eric J.;  
MCLEOD, Bonnie W.;  
MONIN, Jr. Donald L.;  
NEAL, Arlene P.;  
NELSON, Thomas E.;  
PARIKH, Abhijat  
PARK, Collin W.;  
REED, James L.;  
ROBINSON, Angela;  
RODRIGUEZ, Douglas X.;  
SISTARE, Peter J.,  
SMYTH, Robert J.  
SOSSONG, Thomas;  
TA, Khoi  
TAYLOR, Todd P.;  
TENG, Sally P.;  
TOWNES, Jeffrey N.;  
VANDERVEGT Jr., F. Pierre;  
WEISBERG, Alison,  
ZISKA, Suzanne E.

Attorneys or agents of the firm of MORGAN, LEWIS  
& BOCKIUS LLPThe address, telephone number and facsimile  
number of all of the above are  
as indicated in Box IV.

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 31 January 2002 (31/01/02)	10/060,087	US		
item (2) 15 March 2002 (15/03/02)	60/364,055	US		
item (3) 15 March 2002 (15/03/02)	60/364,045	US		
item (4)				
item (5)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items     item (1)     item (2)     item (3)     item (4)     item (5)     other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): .....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ .US .....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                                  Number                                  Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

- Box No. VIII (i)                  Declaration as to the identity of the inventor                  :
- Box No. VIII (ii)                Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent                  :
- Box No. VIII (iii)                Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application                  :
- Box No. VIII (iv)                Declaration of inventorship (only for the purposes of the designation of the United States of America)                  :
- Box No. VIII (v)                Declaration as to non-prejudicial disclosures or exceptions to lack of novelty                  :

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
<b>(a) the following number of sheets in paper form:</b>		
request (including declaration sheets) :	7	1
description (excluding sequence listing part) :	1,147	:
claims :	9	:
abstract :	1	1
drawings :	_____	:
<b>Sub-total number of sheets :</b>	<b>1,164</b>	<b>:</b>
sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) :		
<b>Total number of sheets :</b> 1,164		
<b>(b) sequence listing part of description filed in computer readable form</b>		
(i) <input checked="" type="checkbox"/> only (under Section 801 (a)(i))		
(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801 (a)(ii))		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):		
. 4 CD-ROM . . . . .		
1. <input checked="" type="checkbox"/> fee calculation sheet : 1		
2. <input type="checkbox"/> original separate power of attorney : :		
3. <input type="checkbox"/> original general power of attorney : :		
4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: . . . . . : 1		
5. <input type="checkbox"/> statement explaining lack of signature : :		
6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): . . . . . : :		
7. <input type="checkbox"/> translation of international application into (language): . . . . . : :		
8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : :		
9. <input checked="" type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))		
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : :		
(ii) <input checked="" type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : :		
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10. <input checked="" type="checkbox"/> other (specify): . Transmittal sheet & Postcard receipt . . . . . : :		

Figure of the drawings which should accompany the abstract:	Language of filing of the international application: <b>ENGLISH</b>
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**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Michael S. Tuscan

Michael S. Tuscan

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1. Date of actual receipt of the purported international application:		2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
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5. International Searching Authority (if two or more are competent): <b>ISA/</b>	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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From the INTERNATIONAL BUREAU

PCT

NOTIFICATION RELATING TO PRIORITY CLAIM

(PCT Rules 26bis.1 and 26bis.2 and Administrative Instructions, Sections 402 and 409)

To:

TUSCAN, Michael, S.  
Morgan, Lewis & Bockius LLP  
1111 Pennsylvania Avenue, NW  
Washington, DC 20004  
United States of America

Date of mailing (day/month/year) 09 July 2003 (09.07.03)	<b>IMPORTANT NOTIFICATION</b>
Applicant's or agent's file reference 44921-5038W0-01	
International application No. PCT/US03/03194	International filing date (day/month/year) 31 January 2003 (31.01.03)
Applicant GENE LOGIC, INC. et al	

The applicant is hereby notified of the following in respect of the priority claim(s) made in the international application.

1.  **Correction of priority claim.** In accordance with the applicant's notice received on: , the following priority claim has been corrected to read as follows:
  - even though the indication of the number of the earlier application is missing.
  - even though the following indication in the priority claim is not the same as the corresponding indication appearing in the priority document:
2.  **Addition of priority claim.** In accordance with the applicant's notice received on: 25 April 2003 (25.04.03), the following priority claim has been added:
  - US 30 December 2002 (30.12.02) 60/436,643
  - even though the indication of the number of the earlier application is missing.
  - even though the following indication in the priority claim is not the same as the corresponding indication appearing in the priority document:
3.  As a result of the correction and/or addition of (a) priority claim(s) under items 1 and/or 2, the (earliest) priority date is:
4.  **Priority claim considered not to have been made.**
  - The applicant failed to respond to the Invitation under Rule 26bis.2(a) (Form PCT/IB/316) within the prescribed time limit.
  - The applicant's notice was received after the expiration of the prescribed time limit under Rule 26bis.1(a).
  - The applicant's notice failed to correct the priority claim so as to comply with the requirements of Rule 4.10.

The applicant may, before the technical preparations for international publication have been completed and subject to the payment of a fee, request the International Bureau to publish, together with the international application, information concerning the priority claim. See Rule 26bis.2(c) and the PCT Applicant's Guide, Volume I, Annex B2(IB).
5.  In case where multiple priorities have been claimed, the above item(s) relate to the following priority claim(s):

**DOCKETED**  
By DW Date 7/25/03

6. A copy of this notification has been sent to the receiving Office and
  - to the International Searching Authority (where the international search report has not yet been issued).
  - the designated Offices (which have already been notified of the receipt of the record copy).

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland  Facsimile No. (41-22) 338-70-90	Authorized officer  Dominique DELMAS  Telephone No. (41-22) 338 9643
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